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PTO/SB/01 (10-00) Approved for use through 10/31/2002. GMB 0881-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 1322/83

First Named Inventor Apirux Bantukul

COMPLETE IF KNOWN

Application Number 09 / 975,657

Filing Date October 11, 2001

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND SYSTEMS FOR OFF-LOADING A-INTERFACE SHORT MESSAGE SERVICE (SMS) MESSAGE TRAFFIC IN A WIRELESS COMMUNICATIONS NETWORK

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 10/11/2001 as United States Application Number or PCT International

(if applicable).

Application Number 09/975,657 and was amended on (MM/DD/YYYY) _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 366(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

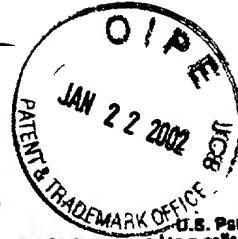
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

PATENT TRADEMARK OFFICE

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name Apirux
(first and middle [if any])

Family Name
or Surname Bantukul

Investor's
Signature

Date 1/21/02

Residence: City Cary State NC Country US Citizenship Thailand

Mailing Address 508 Bridewell Ct.

Mailing Address

City Cary State NC ZIP 27511 Country US

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name Venkataramaiah
(first and middle [if any])

Family Name
or Surname Ravishankar

Investor's
Signature

Date 1/21/02

Residence: City Apex State NC Country US Citizenship US

Mailing Address 102 Miller's Creek Dr.

Mailing Address

City Apex State NC ZIP 27502 Country US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTC/SB/02A attached hereto.



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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Peter J.		Marsico	
Inventor's Signature <i>Peter J. Marsico</i>		Date <u>1/12/02</u>	
Residence: City <u>Carriboro</u>	State <u>NC</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address <u>201 Westbrook Dr. #D15</u>			
Mailing Address			
City <u>Carriboro</u>	State <u>NC</u>	ZIP <u>27510</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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